

ABSTRACT

Peripheral nerve blocks are almost always performed as blind procedures. The US-guided technique offers advantages, avoidance of intraneuronal / intravascular injection, faster onset times, improved block quality, decreased pain from muscular contractions, prolonged postoperative analgesia, and decreased need for rescue analgesics.

The aim of this study is to compare the efficacy of infraclavicular brachial plexus block using ultrasound-guidance with the nerve stimulator-guided method compared with ultrasound guidance alone. And the measured outcomes are the time taken for the procedure, onset time for sensory and motor blockade, duration of blockade, overall effectiveness of the block, success rate, complications

From our study, we conclude that, there is no significant difference between combined USG with NS technique and USG alone technique on onset of sensory and motor blockade, duration of blockade, success of blockade and also in analgesic requirement during intra- and postoperative period. But USG alone technique required less time to perform the block than the combined USG and NS technique.

In this study, using ultrasound guidance alone for brachial plexus infraclavicular block provided rapid performance and yielded a high success rate without the aid of a nerve stimulator.